

Funding Pool	Performance Indicator	Incentive Amount
Crisis	<p><b>1. Measure Name: Psychiatric Hospital Admissions for Adults Receiving Crisis Stabilization Services</b></p> <p><b>Measure #1 applies to only regions 01, 03, 04, 05, 06, 07, 10, 11, 13, 14, 15</b></p> <p>The DBHDID shall assess the psychiatric hospital admission rate for clients receiving adult crisis stabilization services. The performance indicator is defined as the percentage of adult clients who received a residential crisis stabilization service per CMHC during the monitoring period who are admitted to a state-owned or state-contracted psychiatric hospital (ARH-Hazard Psychiatric Unit, Central State Hospital, Eastern State Hospital, Western State Hospital) in 30 days or less of the date of the last residential crisis stabilization service. Hospital admissions that occur on the same day or within 1 day from the last day of an episode of care of residential crisis stabilization services do not apply. Goal is to decrease by 1% the center's percentage as calculated for the same monitoring period during the previous state fiscal year (SFY2015).</p> <p><b>Goal: Increase Effectiveness of Residential Crisis Services</b></p> <p>Risk: 1% of crisis funding</p>	1% of allocated crisis funding
	<p><b>2. Measure Name: Readmissions for Children Receiving Crisis Stabilization Services</b></p> <p><b>Measure #1 applies to only regions 04, 05, 06, 08, 10, 11, 12, 13</b></p> <p>The DBHDID shall assess the crisis stabilization unit readmission rate for clients receiving child crisis stabilization services. The performance indicator is defined as the percentage of child clients who received a residential crisis stabilization service per CMHC during the monitoring period who are readmitted to the same residential crisis stabilization unit in 30 days or less from the day of the last residential crisis stabilization service episode. Readmissions that occur on the same day or within 1 day of the last day of an episode of care of residential crisis stabilization services do not apply. The goal is that the percentage of clients readmitted to crisis stabilization units will be no more than 12% of admissions to the same crisis stabilization unit within a 30 day period.</p> <p><b>Goal: No more than 12% of clients admitted to a children's crisis stabilization unit will have a readmission to the same crisis stabilization unit within a 30 day period.</b></p> <p>Risk: 1% of crisis funding</p>	1% of allocated crisis funding
	<p><b>3. Measure Name: Crisis Service Utilization by Adults and Children</b></p> <p><b>Measure #3 applies to only regions 01, 03, 07, 08, 12, 14, 15</b></p> <p>The DBHDID shall assess the utilization of crisis services for adults</p>	1% of allocated crisis funding

	<p>(Clients/1,000 Census – Adult) and for children (Clients/1,000 Census – Children). The performance indicator is defined as the number of adult or child clients at each center who received a crisis service (Residential Crisis Stabilization – MH Adult, MH Child, MH Non-Residential Crisis Response, Crisis Intervention, or I/DD Crisis Prevention) during the monitoring period of the current state fiscal year. The client count is divided by the regions' total adult or child population (per 2010 U.S. Census). That result is then multiplied by 1,000 to show clients per 1,000 persons in the region. Goal is to increase emergency response and crisis services over the previous year by 3%.</p> <p><b>Goal: Increase access to crisis services</b></p> <p>Risk: 1% of crisis funding</p>	
DIVERTS	<p><b>1. Measure Name: Direct Intervention for Persons Living In Personal Care Homes</b></p> <p>The DBHDID shall count the number of persons in each region who previously resided in Personal Care Homes and who have received in-reach, assigned to transition team, developed Person Centered Recovery Plans and have successfully transitioned into integrated affordable housing. The ISA Web Application will be the source of all data used to determine this measure. For each respective center, the number of persons previously living in Personal Care Homes who have successfully transitioned into affordable housing according to the ISA Web Application records during the SFY2016 monitoring period shall be 5% greater than the number of persons who have previously resided in Personal Care Homes who have successfully transitioned into affordable housing during the same period during SFY2015.</p> <p><b>Goal: Increase community integration</b></p> <p><b>Risk: 2% of DIVERTS funding</b></p> <p><b>2. Measure Name: 14-Day Follow-up for Referrals Made for Persons Living In Personal Care Homes</b></p> <p>The DBHDID shall assess the percentage of new referrals made during the SFY2016 monitoring period for persons living in personal care homes in Kentucky. The CMHC must conduct an in-reach service within fourteen (14) days of the referral date for 90% of the referrals made during the monitoring period.</p> <p><b>Goal: Follow-up on New referrals</b></p> <p><b>Risk: 3% of DIVERTS funding</b></p>	<p>2% of allocated DIVERTS funding</p> <p>3% of allocated DIVERTS funding</p>

SMI	<p><b>Measure Name: Hospital Readmissions for CMHC Referrals – 30 Days</b></p> <p>The DBHDID shall assess the percentage of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services that were subsequently readmitted to any Kentucky state-owned or state operated psychiatric hospital within thirty (30) days of the previous discharge date.</p> <p><b>Goal: Decrease the regional re-admission rate</b></p> <p>Risk: 1% of SMI funding</p>	1% of allocated SMI funding
SED	<p><b>1. Measure Name: Clients Receiving Targeted Case Management and Having SED</b></p> <p>DBHDID shall assess the percentage of all records for children and youth receiving Targeted Case Management who also have an SED marker. The standard of performance is 80% for the SFY2016 monitoring period. The Targeted Case Management service is defined as answer option “061” (Case Management Services Children or Youth with SED) in the field “NTE02 DMHMRS_Modifier_1 (DBHDID Service code)” in the event file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. The SED marker is defined as answer options 1 “Yes (SED)” or 2 “ SED - High Fidelity Wraparound” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide.</p> <p><b>Goal: Increase the percentage of children who receive Targeted Case Management that also are marked SED.</b></p> <p>Risk: 3% of SED funding (TBBA/TBAA)</p> <p><b>2. Measure Name: Child Population with SED Who Receive Targeted Case Management</b></p> <p>DBHDID shall assess the percentage of the region’s SED population that are served as SED clients and receive Targeted Case Management service. The standard of performance is 8% for the SFY2016 monitoring period. The region’s SED population is defined as the estimated number of children and youth with SED in the region (5.0% of total child population per 2010 census). The SED/IMPACT marker is defined as answer options 1 “Yes (SED)” or 2 “ High Fidelity Wraparound ” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. The Targeted Case Management service is defined as answer option “061” (Case Management Services Children with SED) in the field “NTE02 DMHMRS_Modifier_1 (DBHDID Service code)” in the event file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide.</p> <p><b>Goal: Increase the percentage of child population served with SED who</b></p>	<p>3% of allocated SED funding (TBBA/TBAA)</p> <p>0% of allocated SED funding</p>

[illegible]

	<p>This measure calculates the average number of outpatient services provided for Treatment Episodes Data Set (TEDS) episodes which lasted for thirty (30) days or longer.</p> <p><b>Goal: Address engagement rate</b></p> <p>Risk: 1% of SUD funding</p> <p><b>3. Percent of Treatment Episodes Lasting Thirty (30) Days or Longer</b></p> <p>This measure calculates the percent of outpatient TEDS Episodes which lasted thirty (30) days or longer.</p> <p><b>Goal: Address treatment retention</b></p> <p>Risk: 1% of SUD funding</p> <p><b>4. Number of Services in the First Thirty (30) Days</b></p> <p>This measure calculates the number of outpatient services provided during the first thirty (30) days post admission.</p> <p><b>Goal: Address treatment retention</b></p> <p>Risk: 1% of SUD funding</p>	<p>Treatment funding.</p> <p>1% of allocated SA Treatment funding.</p> <p>1% of allocated SA Treatment funding.</p>
KIDS NOW PLUS (KN+)	No performance indicator identified.	NA
Driving Under the Influence (DUI) Services	No performance indicator identified.	NA
Alcohol Intoxication Services (AI)	No performance indicator identified.	NA
Developmental and/or Intellectual Disabilities (DDID)	<p><b>1. I/DD Clients with Multiple Hospital Admissions</b></p> <p>The DBHDID shall assess the number of individuals with an Intellectual or other Developmental Disability who experience repeated (two or more times in 6 months) hospitalizations at a state-owned or operated psychiatric hospital.</p> <p><b>Goal: Reduce the number of individuals who experience psychiatric hospital re-admissions</b></p> <p>Risk: 1/2% of DDID funding</p>	1/2% of allocated I/DD funding

	<p><b>2. Data Accuracy</b></p> <p>The DBHDID shall review the submission of Form 140-I/DD Financial Implementation Report. The standard for performance is that client and event data and I/DD Form 140 data are 75% to 100% accurate per the attributes listed below. Distinct clients and units provided should match the client and event data.</p> <p><b>Goal: Improve data quality</b></p> <p><b>Risk: 1/2% of DDID funding</b></p>	1/2% of allocated I/DD funding
Pre-Admission Screening and Resident Review (PASRR) Services	No performance indicator identified.	NA
Projects for Assistance in Transition from Homelessness (PATH) Services	No performance indicator identified.	NA
Deaf or Hard of Hearing Services	No performance indicator identified.	NA
Other Services – Medication Access and Quality Coordinator (MAQC)	No performance indicator identified.	NA
Other Services – First Episode Psychosis	No performance indicator identified.	NA
Other Services – Kentucky Adolescent Treatment Education Grant (KAT-ED)	No performance indicator identified.	NA

Other Services – Practicewise Implementation Support Services	No performance indicator identified.	NA
Other Services – Transition Age Youth Launching Realized Dreams (TAYLRD)	No performance indicator identified.	NA
Other Services – Zero Suicide Initiative (ZSI) Prevention Enhancement Site (PES)	No performance indicator identified.	NA
Consumer Operated Services (COS)	No performance indicator identified.	NA
Toll Free & DBHDID Treatment Call Line (For Region 6 only)	No performance indicator identified.	NA
Homeless Prevention Project	No performance indicator identified.	NA
Administrative Services	No performance indicator identified.	NA

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## SECTION 2.01—KENTUCKY EMERGENCY RESPONSE AND CRISIS PREVENTION SYSTEM (CRISIS)

### 1. Measure Name: Psychiatric Hospital Admissions for Adults Who Received Crisis Stabilization Services

**Measure #1 applies to only regions 01, 03, 04, 05, 06, 07, 10, 11, 13, 14, 15**

The DBHDID shall assess the psychiatric hospital admission rate for clients receiving adult crisis stabilization services. The performance indicator is defined as the percentage of adult clients who received a residential crisis stabilization service per CMHC during the monitoring period and who are admitted to a state-owned or state-contracted psychiatric hospital (ARH-Hazard Psychiatric Unit, Central State Hospital, Eastern State Hospital, Western State Hospital) in 30 days or less from the last day of an episode of residential crisis stabilization services. Hospital admissions that occur on the same day or within 1 day from the last day of an episode of care of residential crisis stabilization services do not apply. Goal is to decrease by 1% the center's percentage as calculated for the same monitoring period during the previous state fiscal year (SFY2015).

**Goal: Increase Effectiveness of Residential Crisis Services**

**Risk: 1% of crisis funding**

Numerator: Of the clients counted in the denominator, the unduplicated number of clients who had at least one admission to any State-owned or state-contracted psychiatric hospital (ARH-Hazard Psychiatric Unit, Central State Hospital, Eastern State Hospital, Western State Hospital) in 30 days or less of the last day of an episode of residential crisis stabilization services. Hospital admissions that occur on the same day or within 1 day of the last day of an episode of care of residential crisis stabilization services do not apply. For the purposes of this performance indicator, an episode of care of adult residential crisis stabilization services is determined by at least two days of consecutive adult crisis residential service (138) followed by a gap in adult crisis residential stabilization service of 30 days.

Denominator: the unduplicated count of adult clients at each center who received at least two days of consecutive adult crisis residential service (Service Code 138 -MH Adult) followed by a gap in adult crisis residential stabilization service of 30 days.

Service Name	Service Code as entered in event file field NTE02 (DMHMRS_Modifier_1) "BHDID Service Code"
Residential Crisis Stabilization	138 (MH Adults)

The client counts for each of this service are displayed in report "M-1D: CMHC Service Mix/Utilization" which is posted to the CMHC Secure login page for each CMHC.

Benchmark: The percent calculated during the state fiscal year 2016 monitoring period will be a decrease of 1% from the percentage calculated during the same monitoring period of the previous state fiscal year (SFY2015).

Monitoring Period:

SFY2015 = April 1, 2014 through March 31, 2015; SFY2016 = April 1, 2015 through March 31, 2016.

Data Sources:

Numerator Source: Client & Event Data; Facilities Data

Denominator Source: Client & Event Data



## 2. Measure Name: Readmissions for Children Receiving Crisis Stabilization Services

### Measure #1 applies to only regions 04, 05, 06, 08, 10, 11, 12, 13

The DBHDID shall assess the crisis stabilization unit readmission rate for clients receiving child crisis stabilization services. The performance indicator is defined as the percentage of child clients who received a residential crisis stabilization service per CMHC during the monitoring period who are readmitted to the same residential crisis stabilization unit in 30 days or less from the day of the last residential crisis stabilization service episode. Readmissions that occur on the same day or within 1 day of the last day of an episode of care of residential crisis stabilization services do not apply. The goal is that the percentage of clients readmitted to crisis stabilization units will be no more than 12% of admissions to the same crisis stabilization unit within a 30 day period.

**Goal: No more than 12% of clients admitted to a children’s crisis stabilization unit will have a readmission to the same crisis stabilization unit within a 30 day period.**

### Risk: 1% of crisis funding

Numerator: Of the clients counted in the denominator, the unduplicated number of clients who had at least one admission to a crisis stabilization unit in 30 days or less of the last day of an episode of residential crisis stabilization services. Admissions that occur on the same day or within 1 day of the last day of an episode of care of residential crisis stabilization services do not apply. For the purposes of this performance indicator, an episode of care of children residential crisis stabilization services is determined by having at least two days of consecutive children crisis residential service (139) followed by a gap in children crisis residential stabilization service of 30 days.

Denominator: the unduplicated count of child clients at each center who received at least two days of consecutive child crisis residential service (Service Code 139 -MH Children) followed by a gap in children crisis residential stabilization service of 30 days.

Service Name	Service Code as entered in event file field NTE02 (DMHMRS_Modifier_1) “BHDID Service Code”
Residential Crisis Stabilization	139 (MH Children)

The client counts for each of this service are displayed in report “M-1D: CMHC Service Mix/Utilization” which is posted to the CMHC Secure login page for each CMHC.

Benchmark: The percent of clients readmitted during any 30 day period during the state fiscal year 2016 monitoring period will be no more than 12% of admissions.

### Monitoring Period:

SFY2016 = April 1, 2015 through March 31, 2016.

### Data Sources:

Numerator Source: Client & Event Data

Denominator Source: Client & Event Data

**3. Measure Name: Crisis Service Utilization by Adults and Children****Measure #3 applies to only regions 01, 03, 07, 08, 12, 14, 15**

The DBHDID shall assess the utilization of crisis services for adults (Clients/1,000 Census – Adult) and for children (Clients/1,000 Census – Children). The performance indicator is defined as the number of adult or child clients at each center who received a crisis service (Residential Crisis Stabilization – MH Adult, MH Child, MH Non-Residential Crisis Response, Crisis Intervention, or I/DD Crisis Prevention) during the monitoring period of the current state fiscal year. The client count is divided by the regions' total adult or child population (per 2010 U.S. Census). That result is then multiplied by 1,000 to show clients per 1,000 persons in the region. Goal is to increase emergency response and crisis services over the previous year by 3%.

**Goal: Increase access to crisis services****Risk: 1% of crisis funding**

Numerator: the unduplicated count of adult or child clients at each center who received any of the following services:

Service Name	SFY2015 Service Code as entered in event file field NTE02 (DMHMRS_Modifier_1) "BHDID Service Code"	SFY2016 Service Code as entered in event file field NTE02 (DMHMRS_Modifier_1) "BHDID Service Code"
Residential Crisis Stabilization	138 (MH Adult) 139 (MH Child)	138 (MH Adult) 139 (MH Child)
MH Non-Residential Crisis Response	176	176
I/DD Crisis Prevention	191	191
Crisis Intervention	200	200

The client counts for each of these services are displayed in report "M-1D: CMHC Service Mix/Utilization" which is posted to the CMHC Secure login page for each CMHC.

Denominator: the CMHC regions' total adult or child population (per 2010 U.S. Census)

Total Population Census 2010

Source: (<http://ksdc.louisville.edu/index.php/component/content/article/123-2010-census-quick-tables/220-state-and-counties>)

CMHC Region	2010 Census
01	205,912
02	209,786
03	213,472
04	284,195
05	269,117
06	959,091
07	438,647
08	56,478
10	219,536
11	154,093
12	114,762
13	236,618
14	207,256
15	770,404

The calculated number using the numerator and denominator is then multiplied by 1,000 to show clients per 1,000 persons in the region.

Benchmark: The percent calculated during the state fiscal year 2016 monitoring period will be an increase of 3% from the same emergency response and crisis services which were delivered during the same monitoring period of the previous state fiscal year (SFY2015) according to report “M-1D: CMHC Service Mix/Utilization” which is posted to the CMHC Secure login page for each CMHC.

Monitoring Period:

SFY2015 = April 1, 2014 through March 31, 2015; SFY2016 = April 1, 2015 through March 31, 2016.

Data Sources:

Numerator Source: Client & Event Data; report “M-1D: CMHC Service Mix/Utilization” which is posted to the CMHC Secure login page for each CMHC.

Denominator Source: 2010 Census – adult and child population per county according to the Kentucky Data Center, University of Louisville, 2011. (<http://ksdc.louisville.edu/index.php/component/content/article/123-2010-census-quick-tables/220-state-and-counties>)

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## **SECTION 2.02–DIRECT INTERVENTION: VITAL EARLY RESPONSIVE TREATMENT SYSTEM (DIVERTS)**

### **1. Measure Name: Direct Intervention for Persons Living In Personal Care Homes**

The DBHDID shall count the number of persons in each region who previously resided in Personal Care Homes and who have received in-reach, assigned to transition team, developed Person Centered Recovery Plans and have successfully transitioned into integrated affordable housing. The ISA Web Application will be the source of all data used to determine this measure. For each respective center, the number of persons previously living in Personal Care Homes who have successfully transitioned into affordable housing according to the ISA Web Application records during the SFY2016 monitoring period shall be 5% greater than the number of persons who have previously resided in Personal Care Homes who have successfully transitioned into affordable housing during the same period during SFY2015.

**Goal: Increase community integration**

**Risk: 2% of DIVERTS funding**

#### Methodology

This measure is determined by comparing two numbers: the number of persons who have transitioned out of personal care homes and into affordable housing where the CMHC region is the “Transitioning Agency” during:

- T2) the SFY2016 monitoring period (April 1, 2015 through March 31, 2016) and
- T1) April 1, 2014 through March 31, 2015.

To determine the numbers of clients transitioned per CMHC, the BHDID will count the clients whose ISA Web Application record contains accurate dates for the following fields. For T1, these will be determined from the information relayed to the BHDID from the CMHC in the electronic reporting method that was used at that time.

- “In-Reach”,
- “Assigned to Transition Team”,
- “Person Centered Recovery Plan completed”, and
- “Transitioned” date.

Records having a completed and valid “Transitioned” date will be grouped by CMHC according to the “Transitioning Agency” field. Per Transitioning Agency, the records with transitioned dates will be further grouped according to one of the following two “Type of Housing” according to the contents of the “Type of Housing” field. Definitions for housing types are provided in the ISA Web Application Manual located on the application web site:

- A. Community-Based Supported Housing
- B. NOT Community-Based Supported Housing

**Benchmark:** For each respective center, the number of persons previously living in Personal Care Homes who have successfully transitioned into affordable housing according to the ISA Web Application records during the SFY2016 monitoring period shall be 5% greater than the number of persons who have previously resided in Personal Care Homes who have successfully transitioned into affordable housing during the same period during SFY2015.

If no assignments from the interim settlement agreement are made to a CMHC as of April 1, the measure does not apply to that CMHC.

#### Data Sources:

T1: To determine this measure, the BHDID will use data reported under both the database reporting process that was used during part of the year and the ISA Web Application data which began January, 19 2015.

T2: To determine this measure, the BHDID will use the data reported in the ISA Web Application data which began January, 19 2015.

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

## **2. Measure Name: 14-Day Follow-up for Referrals Made for Persons Living In Personal Care Homes**

The DBHDID shall assess the percentage of new referrals made during the SFY2016 monitoring period for persons living in personal care homes in Kentucky. The CMHC must conduct an in-reach service within fourteen (14) days of the referral date for 90% of the referrals made during the monitoring period.

**Goal: Follow-up on New referrals**

**Risk: 3% of DIVERTS funding**

Numerator: the number of referrals made during the SFY2016 monitoring period for persons living in personal care homes in Kentucky for which a valid in-reach date occurred within fourteen (14) calendar days of the referral date and for which this valid in-reach date has been recorded in the “In-Reach” field in the ISA Web Application.

Denominator: the number of referrals made during the SFY2016 monitoring period for persons living in personal care homes in Kentucky. Referrals will be grouped by CMHCs according to the county of the personal care home where the person resides or the hospital discharged location as specified in the referral form.

Benchmark: The CMHC must conduct an in-reach service within fourteen (14) days of the referral date for 90% of the referrals made during the monitoring period which are assigned to the CMHC according to the location specified on the referral form.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: the ISA Web Application records as reported by CMHC staff

Denominator Source: Referral forms entered into the ISA Web Application referral form

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

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## **SECTION 2.03—SERVICES FOR ADULTS WITH A SERIOUS MENTAL ILLNESS (SMI)**

### **Measure Name: Hospital Readmissions for CMHC Referrals – 30 Days**

The DBHDID shall assess the percentage of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services that were subsequently readmitted to any Kentucky state-owned or state operated psychiatric hospital within thirty (30) days of the previous discharge date.

**Goal: Decrease the regional re-admission rate**

**Risk: 1% of SMI funding**

**Numerator:** The count of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services that were subsequently readmitted to any Kentucky state-owned or state operated psychiatric hospital within thirty (30) days of the previous discharge date. Kentucky state-owned or state operated hospitals related to this measure include ARH-Hazard Psychiatric Unit, Central State Hospital, Eastern State Hospital, Western State Hospital.

**Denominator:** The count of individuals discharged from state owned or state-operated psychiatric hospitals with a referral for treatment to the CMHC as a provider of community behavioral health services

**Benchmark:** The following benchmark criteria must be met:

A. The CMHC's rate for the monitoring period must be equal to or less than the 75<sup>th</sup> quantile mark of the CMHC's rate calculated over the past five years.

**And**

B. The 5-year trend of the CMHC's 75<sup>th</sup> quantile mark must trend toward being equal to or less than the 75<sup>th</sup> quantile mark of the statewide rate calculated over the past five years.

**Monitoring Period:** July 1, 2015 through March 31, 2016

**Data Sources:**

**Numerator Source:** Facility (psychiatric hospital) admission data

**Denominator Source:** Facility (psychiatric hospital) discharge data which have a treatment for referral to the CMHC

**Reports Available:** Regional reports for this measure will be posted under each respective CMHC secure login page within the section "CMHC Contract Compliance Reports".

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## **SECTION 2.04—BEHAVIORAL HEALTH SERVICES FOR CHILDREN/YOUTH AND FAMILIES**

### **1. Measure Name: Clients Receiving Targeted Case Management and Having SED**

DBHDID shall assess the percentage of all records for children and youth receiving Targeted Case Management who also have an SED marker. The standard of performance is 80% for the SFY2016 monitoring period. The Targeted Case Management service is defined as answer option “061” (Case Management Services Children or Youth with SED) in the field “NTE02 DMHMRS\_Modifier\_1 (DBHDID Service code)” in the event file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. The SED marker is defined as answer options 1 “Yes (SED)” or 2 “SED - High Fidelity Wraparound” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide.

**Goal: Increase the percentage of children who receive Targeted Case Management that also are marked SED.**

**Risk: 3% of SED funding (TBBA/TBAA)**

Numerator: The count of SED children and youth as defined by answer options 1 “Yes (SED)” or 2 “SED - High Fidelity Wraparound” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide

Denominator: The count of children receiving Targeted Case Management as indicated by answer option “061” (Case Management Services Children or Youth with SED) in the field “NTE02 DMHMRS\_Modifier\_1 (DBHDID Service code)” in the event file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide.

Benchmark: The standard of performance is 80% for the SFY2016 monitoring period.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: client data (field #41, answer option 1 “Yes (SED)” or 2 “SED – High Fidelity Wraparound”).

Denominator Source: event data (field “NTE02 DMHMRS\_Modifier\_1, answer option “061”).

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

### **2. Measure Name: Child Population with SED Who Receive Targeted Case Management**

DBHDID shall assess the percentage of the region’s SED population that are served as SED clients and receive Targeted Case Management service. The standard of performance is 8% for the SFY2016 monitoring period. The region’s SED population is defined as the estimated number of children and youth with SED in the region (5.0% of total child population per 2010 census). The SED/High Fidelity Wraparound marker is defined as answer options 1 “Yes (SED)” or 2 “SED - High Fidelity Wraparound” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. The Targeted Case Management service is defined as answer option “061” (Case Management Services Children with SED) in the field “NTE02 DMHMRS\_Modifier\_1 (DBHDID Service code)” in the event file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide.

**Goal: Increase the percentage of child population served with SED who Receive Targeted Case**

**Risk: 0% of SED funding**

Numerator: The unduplicated count of SED children less than 18 years of age at the end of the monitoring period who received Targeted Case Management service. SED is defined by answer options 1 “Yes (SED)” or 2 “SED - High

Fidelity Wraparound” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. Targeted Case Management is defined as answer option “061” (Case Management Services Children or Youth with SED) in the field “NTE02 DMHMRS\_Modifier\_1 (DBHDID Service code)” in the event file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide.

Denominator: The estimated number of children and youth with SED in the region (5.0% of total child population per 2010 census).

Benchmark: The standard of performance is 8% for the SFY2016 monitoring period.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: client data (field #41, answer option 1 “Yes (SED)” or 2 “SED - High Fidelity Wraparound”) and event data (field NTE02 DMHMRS\_Modifier\_1, answer option 061)

Denominator Source: 2010 census data (5.0% of total child population per 2010 census).

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

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## **SECTION 2.05—KENTUCKY IMPACT (HIGH FIDELITY WRAPAROUND)**

### **1. Measure Name: IMPACT Clients Entered into IMPACT Outcomes Management System**

DBHDID shall assess the percentage of all children with an SED/High Fidelity Wraparound marker who are entered into the IMPACT Outcomes Management System (IMPACT Outcomes) within thirty (30) days of the first service date. The standard of performance is 80% for the SFY2016 monitoring period. The SED/ High Fidelity Wraparound marker is defined as answer option 2 “SED - High Fidelity Wraparound” in field #41 “Severe Emotional Disability (SED)” in the client file as submitted monthly to the BHDID according to the BHDID Data Implementation Guide. This measure excludes any SED/ High Fidelity Wraparound clients who are in the IMPACT Outcomes Management System and whose date of first service in Kentucky IMPACT is prior to the beginning of the SFY2016 monitoring period.

**Goal: Increase the percentage of children entered into the IMPACT Outcomes System**

**Risk: 1% of IMPACT High-Fidelity funding (TBBA)**

Numerator: The count of children with an SED/ High Fidelity Wraparound marker in field #41 of the client file as submitted according to the BHDID Data Implementation Guide and who have valid identifying information in the IMPACT Outcomes Management System (IMPACT Outcomes) within thirty (30) days of the first service date.

Denominator: The count of children/youth that are marked SED - High Fidelity Wraparound in field #41 of the client file as submitted according to the BHDID Data Implementation Guide.

Benchmark: The standard of performance is 80% for the SFY2016 monitoring period.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: client data (field #41, answer option 2) and Ky IMPACT Outcomes Management System data

Denominator Source: client data (field #41, answer option 2). This number is also monitored on report SED Clients by Program on the Department’s public webpage

<http://dbhdid.ky.gov/DBHDIDReports/cmhcdatareports.aspx>

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

### **2. Measure Name: IMPACT Surveys Completed**

DBHDID shall assess the percentage of all children entered into the IMPACT Outcomes Management System and who have a Service Coordinator Checklist and age specific Baseline entered in the system within 60 days of entry into the IMPACT Program, and also have a required Follow-Up Interview completed and entered into the IMPACT Outcomes System or an Exit Form completed and entered into the system if the child has been formally exited from the IMPACT Program. The standard of performance is 80% for the SFY2016 monitoring period.

**Goal: Ensure that follow-up occurs for children in the IMPACT Program**

**Risk: 1% of IMPACT High-Fidelity funding (TBBA)**

Numerator: The count of children ages birth through twenty one (21) who are enrolled in the IMPACT Program and who have identifying information in the IMPACT Outcomes Management System (IMPACT Outcomes) and who had a Baseline Service Coordinator Checklist (SCC), an age specific Baseline Survey (two baselines if client is an adolescent) entered into IMPACT Outcomes within 60 days of entry into the IMPACT Program, and a Follow-Up interview/survey (two baselines if client is an adolescent) completed and entered into IMPACT Outcomes within

the appropriate time window. Clients for whom a Baseline SCC and Baseline Survey(s) were completed but who exited the IMPACT Program prior to the due date of the Follow-Up Survey(s) are included in the numerator.

Denominator: The count of children ages birth through twenty one (21) who are enrolled in the IMPACT Program and who have identifying information in the IMPACT Outcomes Management System. This measure excludes clients who exited the IMPACT Program during ninety (90) days following the admission into the KY IMPACT Program as evidenced by a completed Exit Form entered into IMPACT Outcomes.

Benchmark: The standard of performance is 80% for the SFY2016 monitoring period.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: Ky IMPACT Outcomes Management System data

Denominator Source: Ky IMPACT Outcomes Management System data

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section "CMHC Contract Compliance Reports".

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## **SECTION 2.06—SUBSTANCE ABUSE TREATMENT**

The DBHDID shall assess regional performance for achieving or exceeding established SUD benchmarks for access and retention.

**SUD Measure #1 Percent of Census Population Served - Risk is 1% of SA funding**

**SUD Measure #2 Number of Services per Treatment Episode - Risk is 1% of SA funding**

**SUD Measure #3 Percent of Treatment Episodes Lasting Thirty (30) Days or Longer – Risk is 1% of SA funding**

**SUD Measure #4 Number of Services in the First Thirty (30) Days - Risk is 1% of SA funding**

### **1. Percent of Census Population Served**

This measure calculates the percentage of the census population served who are estimated in need of treatment.

**Goal: Address penetration rate**

**Risk: 1% of SUD funding**

Numerator: the count of clients age 12+ receiving outpatient SA treatment services

Denominator: the percentage of persons age 12+ in the region estimated to need treatment as determined by the National Survey on Drug and Health (NSDUH)) multiplied by (the region's 2010 census population of ages 12+

Benchmark: While the funding source for Kentucky's SAPT Block Grant has a goal of 10% of the at risk population, Kentucky's benchmark penetration rate is 7%.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: Client & Event data

Denominator Source: NSDUH and the region's 2010 county census population of ages 12 or older

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section "CMHC Contract Compliance Reports". Also, reference the Substance Abuse Access & Retention Report available under the CMHC secure login page.

### **2. Number of Services per Treatment Episode**

This measure calculates the average number of outpatient services provided for Treatment Episodes Data Set (TEDS) episodes which lasted for thirty (30) days or longer.

**Goal: Address engagement rate**

**Risk: 1% of SUD funding**

Numerator: the count of mental health and substance abuse outpatient services provided between admission and discharge

Denominator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes which lasted thirty (30) days or longer where the discharge date is during the current monitoring period

Benchmark: at minimum, an average of seven (7) services during the first thirty days of post admission for engagement

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: Client and Event data, TEDS

Denominator Source: Client and Event data, TEDS

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

### **3. Percent of Treatment Episodes Lasting Thirty (30) Days or Longer**

This measure calculates the percent of outpatient TEDS Episodes which lasted thirty (30) days or longer.

**Goal: Address treatment retention**

**Risk: 1% of SUD funding**

Numerator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes which lasted thirty (30) days or longer.

Denominator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes where the discharge date is during the current monitoring period

Benchmark: at minimum, an average of 50% of all outpatient substance abuse treatment episodes will last more than thirty (30) days.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: Client & Event data, TEDS

Denominator Source: Client & Event data, TEDS

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

### **4. Number of Services in the First Thirty (30) Days**

This measure calculates the number of outpatient services provided during the first thirty (30) days post admission.

**Goal: Address treatment retention**

**Risk: 1% of SUD funding**

Numerator: the count of mental health and substance abuse outpatient services provided during the first thirty (30) days of the Treatment Episode Data Set (TEDS) episode.

Denominator: the count of outpatient Treatment Episodes Data Set (TEDS) episodes where the discharge date is during the current monitoring period

Benchmark: at minimum, an average of three (3) outpatient services will be provided during the first thirty (30) days of a Treatment Episode Data Set (TEDS) episode.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: TEDS Admissions data; Client & Event data

Denominator Source: TEDS Admissions data; Client & Event data

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”.

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## **SECTION 2.09—DEVELOPMENTAL AND OTHER INTELLECTUAL DISABILITIES (DID)**

**Risk: 1 – 1/2% of DDID funding**

**Risk: 2 – 1/2% of DDID funding**

### **1. I/DD Clients with Multiple Hospital Admissions**

The DBHDID shall assess the number of individuals with an Intellectual or other Developmental Disability who experience repeated (two or more times in 6 months) hospitalizations at a state-owned or operated psychiatric hospital. **Goal: Reduce the number of individuals who experience psychiatric hospital re-admissions**

**Risk: 1/2% of DDID funding**

Numerator: the count of those in the denominator who had 2 or more admissions to any state-owned or state-contracted psychiatric hospital (ARH-Hazard Psychiatric Unit, Central State Hospital, Eastern State Hospital, Western State Hospital) within any 180 day period during the monitoring period.

Denominator: Regardless of payer source, the count of clients who have an Intellectual Disabilities diagnosis coded in the diagnosis fields in the client data set or have Developmental Disabilities\Developmental Delay coded in field #46 "Developmental Disability\Developmental Delay" in the client file according to the DBHDID Data Implementation Guide. NOTE: this definition is based solely on Client data set information and NOT on services provided.)

Benchmark: The following benchmark criteria must be met:

A. The CMHC's rate for the monitoring period must be equal to or less than the 75<sup>th</sup> quantile mark of the CMHC's rate calculated over the past five years.

**And**

B. The 5-year trend of the CMHC's 75<sup>th</sup> quantile mark must trend toward being equal to or less than the 75<sup>th</sup> quantile mark of the statewide rate calculated over the past five years.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Numerator Source: Facilities (psychiatric hospital) admissions data

Denominator Source: Client & Event data, and Facilities (psychiatric hospital) admissions data

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section "CMHC Contract Compliance Reports".

### **2. Data Accuracy**

The DBHDID shall review the submission of Form 140-I/DD Financial Implementation Report. The standard for performance is that client and event data and I/DD Form 140 data are 75% to 100% accurate per the attributes listed below. Distinct clients and units provided should match the client and event data.

**Goal: Improve data quality**

**Risk: 1/2% of DDID funding**

This measure is determined by reviewing form 140 as submitted by the CMHC in comparison to the electronic Client & Event data submitted by the CMHC for the same time period. Below are four attributes that will be reviewed for accuracy. Any error within each attribute is considered a fail for that attribute. Each specific attribute is worth 1 point. A total of 4 points can occur if no errors are found in the attributes.

- All applicable fields completed on Form 140.  
Services reported on Form 140 match appropriate services listed in the report “CMHC\_D73 - ID Clients & Events - ID Program by Code/Payer DBHDID” which is posted to the Department’s public webpage <http://dbhdid.ky.gov/DBHDIDReports/cmhcdataareports.aspx>.
- Units and client counts match when comparing the CMHC\_D73 report to Form 140
- Services displayed on the CMHC\_D73 report are I/DD covered services utilizing State General Funding.
- Covered I/DD services provided to people that have a I/DD diagnosis in the client data

Numerator: The total number of accurate data elements identified during the SFY2016 3<sup>rd</sup> quarter review.

Denominator: 4

Benchmark: During the SFY2016 3<sup>rd</sup> quarter, the percentage rate of accuracy should be equal to or greater than 75%.

Monitoring Period: July 1, 2015 through March 31, 2016

Data Sources:

Report D73 number: Client & Event data, specifically “CMHC\_D73 - ID Clients & Events - ID Program by Code/Payer DBHDID” which is posted to the Department’s public webpage <http://dbhdid.ky.gov/DBHDIDReports/cmhcdataareports.aspx>.

Form 140 number: Form 140 as submitted during the third quarter of SFY2016.

Reports Available: Regional reports for this measure will be posted under each respective CMHC secure login page within the section “CMHC Contract Compliance Reports”. For data submitted in the client and event data, see Report “CMHC\_D73 - ID Clients & Events - ID Program by Code/Payer DBHDID” which is posted to the Department’s public webpage <http://dbhdid.ky.gov/DBHDIDReports/cmhcdataareports.aspx>. Form 140 is submitted to the BHDID by CMHCs.